

# **Michigan Children's Special Health Care Services (CSHCS) Local Health Department Grant Application Guidelines 2012-2013 Application**

## **Program Description**

Each Local Health Department (LHD) is eligible to receive up to \$10,000 for the following purpose:

The purpose of the grants is to contract with a parent of a child with special health care needs on a part time basis. This contracted parent will serve the purpose of expanding the LHD outreach efforts to other families that have a child(ren) with special health care needs about the CSHCS program and the benefits thereof. In addition, the contracted parent will provide a report to the LHD regarding those efforts, contacts and outcomes which will be included in the report submitted to CSHCS indicated below.

In addition, LHDs may also apply for funding as has occurred in the past for the purpose of obtaining family input regarding the LHD policies and procedures. As an example, the LHD may choose to have a parent or staff coordinate efforts to support/educate/assist parents with children enrolled in CSHCS using newsletters, parent events, etc. The proposal and activities must include a method to obtain feedback from families in the community regarding possible improvements and how to more successfully involve, support and incorporate family involvement into the LHD policy and procedure process.

The grant funding must be expended by September 1, 2014. The Work Plan should be completed for the 12 month time period of September 1, 2013 through August 31, 2013. The grant application including a Work Plan is a part of this document.

## **Application Process**

Application deadline is **July 3, 2013**. Please complete and mail the grant application to:

Children's Special Health Care Services

320 S. Walnut – 6<sup>th</sup> Floor

Lansing, MI 48813

Attention: Karla McCandless, Manager

Policy & Program Development, or e-mail to: [mccandlessk@michigan.gov](mailto:mccandlessk@michigan.gov)

## **Review and Award Process:**

CSHCS and the Family Center will review the applications

1. After approval for guideline compliance, The LHD may be awarded up to \$10,000.
2. Final project evaluations are required and due to CSHCS no later than November 1, 2014.

## CSHCS Application for Expanding Outreach for CSHCS

Local Health Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Health Officer Name: \_\_\_\_\_ Signature \_\_\_\_\_

### 1. Project Description and Work Plan

The Project Description and Work Plan include the overall goals and objectives of the project. Submit a work plan that states the project's objectives, activities, timeframe, and outcomes (work plan template attached).

### 2. Outcome Measures and Evaluation Component

Discuss outcomes and any other measurable benefits to be derived from the project in the form of project outcomes. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited and be included in the work plan template.

### 3. Budget Section

Complete the form below. Include an explanation of the proposed budget. Explain how the cost of the project was determined. Include any cost sharing that will occur among the project partners and identify expenses that will be cost-shared if any.

	<b>Grant Funds</b>	<b>Other Funds</b>	<b>TOTAL</b>
Contractor			
LHD Support Staff			
<b>TOTAL</b>			

Budget Justification Narrative:

**Work Plan** – State the overall goal of the project, and list objectives, activities, timeframe and outcome.

<b>Project Goal:</b>			
<b>Objectives</b>	<b>Activities</b>	<b>Time Frames</b>	<b>Outcomes</b>